From:

06/10/2016 13:25

#945 P.016/019

		AND HUMAN SERVICES	49	d	- 7107116		FORM	05/23/2016 APPROVED 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) D.			(X3) DAT	TE SURVEY		
445427		B. WING			05/	05/23/2016		
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
(4) III OI I	TOTIBLE OR OUT LICE				ONE ELEVEN PLACE			
BETHES	DA HEALTH CARE CE	ENTER		COOKEVILLE, TN 38501				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE		
K 029 SS=D		FETY CODE STANDARD	K 02		(029 Corrective Actions			
	One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire				The Maintenance Director on 5-24-	2016 the c	toor	
	extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or							: 5-24-16
					losure was installed on the storage r			
1					2 The Maintenance Director did a 100% audit		1	
	field-applied protect	ive plates that do not exceed		15	5-23-2016all door closures and all do	acw 210		
	48 inches from the bottom of the door are permitted. 19.3.2.1			ſ	ound to be in compliance.	• '		
	This STANDARD is not met as evidenced by: Based on observations, the facility failed to			3	The Maintenance Oirector will do a	weekly audi	lt	
	maintain the storage areas. The finding included:			t	to make sure all door closure are in compliant			
				T	he Maintenance Director was in-serv	iced on 5-2	4-16	
	Observation on 5/23/16 at 9:02 AM, revealed the			b	y the Administrator.			
	door closing device was removed from the storage room door inside the soiled linen area of the laundry room.			- 4	The Maintenance Director/Administ	rator will do	monthly	
				a	udit for3 months to make sure all do	or closure a	ore	
K 062 SS≃D	This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 5/23/16.			fe	ound to be in compliance. Findings w	vill be report	ted to	
				C	A Leadership team for review and re	esolution.	ı	i
	NFPA 101 LIFE SAF	PA 101 LIFE SAFETY CODE STANDARD		62 K	062 Corrective Actions		1	7-6-16
	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5			1	The Maintenance Director fixed the	he escutcheon plate		
				in	the medication room on 5-24-2016	and contact	teď	
				7	in/Ky to fix the other areas as soon a	ıs possible, ı	On 6-1-201	16
	This STANDARD is not met as evidenced by: Based on observations, the facility failed to			Tr	n/Ky Sprinkler company fixed the Wo	n.		
	maintain the sprinkler system.			The quarterly inspection was done by In/Ky also and the				
	The findings include	ed:		fo	reign material was removed.			
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) D							(X8) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing if is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
445427			B. WING				05/23/2016	
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER				4	STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE		
K 062	Continued From page 1 1. Observation on 5/23/16 at 7:58 AM, revealed the sprinkler escutcheon plates were not seated properly around the sprinkler in the following areas: a. Women's Public Bathroom b. Medication Room South Hall Nurses Station National Fire Protection Association (NFPA) 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 3-2.7.2 (1999 Edition) 2. Observation on 5/23/16 at 9:37 AM, revealed the sprinklers were loaded with foreign material inside the sitting area of the North Courtyard. NFPA, 101, 19.3.5.1 (2000 Edition), NFPA 101, 9.7.1.1 (2000 Edition), NFPA 13, 12-1 (1999 Edition), NFPA 25, 2-2.1.1 (1999 Edition)			062	2 The Maintenance Director did a walk thru of the on 5-23-16 and it was determined to get bids to fine escutcheon plates and Tn/Ky was awarded the bid fix these areas. 3 The Maintenance Director will do weekly checks sprinklers and escutcheon plates. The Maintenance was in-serviced on 5-24-16 by the Administrator. 4 The Maintenance Director/Administrator will do checks for 3 months of the fire sprinkler and escut plates to ensure the deficient practice will not recipings will be reported to QA Leadership team for	d to get bids to fix the sprinkler awarded the bid to Io weekly checks of fire The Maintenance Director Administrator. inistrator will do monthly winkler and escutcheon ctice will not recur.		
K 147 SS=D	These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 5/23/16.		K 14	47	review and resolution. K147 The Maintenance Director on 5-23-2016 fixed the broken electrical outlet covers in room 605B and in room 305A. The Maintenance Director did an audit of the entresident rooms and the electrical outlets was not be a The Maintenance director will do weekly checks on the electrical outlets to make sure they are not The Maintenance Director was in-serviced on 5-24 by the Administrator.	itire broken. broken.	: 5-23-16	

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		445427	B. WING			05/23/2016		
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
K 147	NFPA 101, 19.5.1 (2 9.1.2 (2000 Edition) 2. Document review revealed the facility annual retention for of each electrical recare area. NFPA 99 These findings were maintenance and ac	2000 Edition), NFPA 101, NFPA 70, 370-28(c) (1999) on 5/23/16 at 10:16 AM, failed to conduct the required ce test of the grounding blade ceptacle located in the patient , 3-3.3.3 (1999 Edition)	K1		4 The Maintenance Director/Administrator will monthly checks for 3 months to make sure the deficient practice does not recur. Findings will be to QA Leadership team for review and resolution. 1 The Maintenance Director on 5-24-2016 acquire retention tester and began the retention force to grounding blade of each receptacle located in all care areas and all tested fine. 2 The Maintenance Director has acquired the tester and will do weekly checks in all patient care areas. 3 The Maintenance Director will do monthly checks in all patient care areas. The Maintenance Director will do monthly checks in all patient care areas. The Maintenance Director/Administrator will conto do monthly check for 3 months in patient care report to the QA Leadership team for review and	e reported n. red a est of the patient ntenance istrator. entinue areas and	•	